



**In The United States Patent and Trademark Office**

**In re application of:** James P. Elia

**Group No.:** 1646

**Serial No.:** 09/836,750

**Examiner:** Elizabeth C. Kemmerer

**Filed:** April 17, 2001

**For:** METHOD FOR GROWING MUSCLE IN A HUMAN HEART

**MAIL STOP RCE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class mail, in an envelope addressed to MAIL STOP RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:

JUNE 3, 2008  
Lauren Allen 06/03/2008  
Signature Date of Signature

1. Transmitted herewith is an Amendment, being filed concurrently with a Request for Continued Examination for this application.

2. **Extension of Time**

<u>Extension (months)</u>	<u>Fee for small entity</u>	<u>Fee for non-small entity</u>
One month	\$ 60.00	\$ 120.00
Two months	\$ 230.00	\$ 460.00
Three months	\$ 525.00	\$1,050.00
Four months	\$ 820.00	\$1,640.00
Five months	\$1,115.00	\$2,230.00

a) ☐ An extension is hereby requested for \_\_\_ month(s) with a fee of \$\_\_\_\_\_.

An extension for \_\_\_ months has already been secured and the fee paid therefor of \$\_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$\_\_\_\_\_.

**OR**

b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

# Amendment Transmittal

## Docket No. 1000-10-CO1

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### 3. Fee for Claims

The fee for claims has been calculated as shown below:

(column 1)		(column 2)		(column 3)	Small Entity	
	Claims remaining after amendment		Highest no. previously paid for	Present extra	Rate	Additional fee
Total	* 243	Minus	** 259	= 0	X 25 =	\$ ---
Indep.	* 30	Minus	** 33	= 0	x 100 =	\$ ---
First presentation of multiple dep. Claim					+ 180 =	\$ ---
					Total	\$ ---
					Additional fee	\$ ---

- \* If the entry in Column 1 is less than entry in Column 2, write "0" in Column 3.  
 \*\* If the "Highest no. previously paid for" IN THIS SPACE is less than 20, enter "20".  
 \*\*\* If the "Highest no. previously paid for" IN THIS SPACE is less than 3, enter "3".

The "Highest no. previously paid for" (total or indep.) is the highest number found in the appropriate box in Column 1 of a prior amendment or the number of claims originally filed.

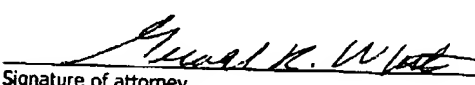
Total additional fees required: \$ ---.

### 4. Fee Payment

☒ No fee is due.  
 OR

☐ Attached hereto is Check No. \_\_\_\_\_ in the amount of \$\_\_\_\_\_.

Dated: June 3, 2008

  
 Signature of attorney

Gerald K. White  
 Reg. No.: 26,611

GERALD K. WHITE & ASSOCIATES, P.C.  
 205 W. Randolph Street, Suite 835  
 Chicago, IL 60606  
 Phone: (312) 920-0588  
 Fax: (312) 920-0580  
 Email: [gkwpattlaw@aol.com](mailto:gkwpattlaw@aol.com)